



Early On® Oakland
2111 Pontiac Lake Road
Waterford, MI 48328
248.209.2084
248.209.2522 Fax

Early On® Oakland Request For Information (Non-Health)

Child's Name:

Birthdate:

Parent(s)/Guardian's Name:

Agency/Person Authorized to Share Information with Early On®

The purpose of this request is to collect information necessary to determine your child's eligibility for Early On®, and to plan and provide services as determined through the multi-disciplinary team process.

The agencies/persons listed below have permission to share the specific information listed about my child.

Agency/Person:

Specific Information to be shared with Early On®

Agency/Person:

Specific Information to be shared with Early On®

Your signature below indicates you understand the following:

- ☐ I have read and understand this request form (or it has been read to me in a language I understand.)
- ☐ I understand that my authorization to allow the sharing of information about my child is voluntary and expires upon exit of Early On® or my child's third birthday.
- ☐ I may revoke or cancel consent at any time, without penalty, by notifying Early On® in writing. Information that has already been shared based on this authorization cannot be taken back.
- ☐ Information received under this authorization becomes part of my child's educational record, and is protected by Family Educational Rights and Privacy (FERPA).
- ☐ I understand that certain information, such as child and parent name, child's date of birth, address and phone number may be disclosed to my local school district for purposes of contacting parents about potential preschool services, but the school district may not share this information with others without my prior written consent under Individuals with Disabilities Education Act (IDEA) and FERPA.
- ☐ I understand that Early On® needs my feedback in order to plan improvements for eligible children and their families, and that my name and address may be used by Early On® to send me Early On® consumer surveys.

Choose one of the following options:

- ☐ I authorize the above listed agency/person to engage in verbal, written and/or electronic communication in order to share specified record and information.

OR

- ☐ I do not wish to have any information shared at this time.

Parent(s)/Guardian Signature:

Date: